

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

Name of Committee Personhood Mississippi
Address 3095 Big Hill Rd. Pontotoc, MS 38863
Telephone 662-720-8695 Fax _____
Treasurer Elizabeth Baggett Email personhood.ms.ss.pp@gmail.com

☐ Check here if above is different from previous report

TYPE OF REPORT

- _____ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
_____ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
_____ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
_____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
_____ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees
_____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
(3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 250.00 + \$ 40.00	\$ 290.00	\$ 13201.93
Total amount of disbursements	\$ + \$ 46.00	\$ 46.00	\$ 13927.09
Total amount of cash on hand		\$ 1318.67	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Elizabeth Baggett
Signature of Director or Treasurer

9/6/10
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 138, Jackson, MS 39205 or fax to 601-388-1499 or 601-678-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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Name of Candidate or Committee Personhood Mississippi
Reporting period Aug. 1, 2010 through Aug. 31, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Donna Hinton</u>	<u>9/25/10</u>	\$ <u>250.00</u>	
Mailing Address <u>5901 Oak Bayou Lane</u>	<u> / / </u>	\$	
City, State, Zip Code <u>Ocean Springs, MS. 39564</u>	<u> / / </u>	\$	
Name of Employer (Required) <u>Ocean Springs Hospital</u>	<u> / / </u>	\$	
Occupation (Required) <u>CNA</u>	Aggregate year-to-date	\$ <u>250.00</u>	
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u> / / </u>	\$	
Mailing Address	<u> / / </u>	\$	
City, State, Zip Code	<u> / / </u>	\$	
Name of Employer (Required)	<u> / / </u>	\$	
Occupation (Required)	Aggregate year-to-date	\$	
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u> / / </u>	\$	
Mailing Address	<u> / / </u>	\$	
City, State, Zip Code	<u> / / </u>	\$	
Name of Employer (Required)	<u> / / </u>	\$	
Occupation (Required)	Aggregate year-to-date	\$	
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u> / / </u>	\$	
Mailing Address	<u> / / </u>	\$	
City, State, Zip Code	<u> / / </u>	\$	
Name of Employer (Required)	<u> / / </u>	\$	
Occupation (Required)	Aggregate year-to-date	\$	

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